* ja	his form, fogether win	OFFICE STATES	or Fax	(703) 746-4000	for atents rginia 22313-1450	
maintenance fee notification	1s.	III Diock 1, by (a	E FEE and PUBI	ICATION FEE (if recommon of maintenance fees correspondence address	uired). Blocks 1 through 5 will be mailed to the currents; and/or (b) indicating a sep	arate "FEE ADDRESS" for
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)  2101 7590 06/09/2005				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
BROMBERG & 125 SUMMER ST BOSTON, MA 021	REET 110-1618			I hereby certify that	ertificate of Mailing or Tran this Fee(s) Transmittal is beir with sufficient postage for fi ail Stop ISSUE FEE address PTO (703) 746-4000, on the	or deposited with the United
08/15/2005 HABDELR3 00000057 10726164				Rôbert M.	Asher	(Depositor's name)
01 FC:1501 1400.00 OP				Oot	rest Males	(Signature)
		×1,		August 10	, 2005	(Date)
APPLICATION NO.	FILING DATE	FIRST NAMED		ENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/726,164	12/02/2003	Jason M. Sa		18	1062/E12	4142
TITLE OF INVENTION: D	SMALL ENTITY	ISSUE FI	38	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400		\$0		DATE DUE
·					\$1400	09/09/2005
EXAMINER		ART UNIT		CLASS-SUBCLASS		
MASIH, KAREN		2837		318-434000		
Address form PTO/SB/122) attached.  "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATA				names of up to 3 registered patent attorneys at SOR, alternatively, name of a single firm (having as a member a red attorneys or agent) and the names of up to tered patent attorneys or agents. If no name is no name will be printed.  ENT (print or type) appear on the patent. If an assignee is identified below, the document has been filed for ute for filing an assignment.		
(A) NAME OF ASSIGNE				TY and STATE OR CO	OUNTRY)	
DEKA Produc	cts Limited Part	nership		Manchester,	New Hampshire	
Please check the appropriate					Corporation or other private gr	oup entity Government
4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  ▼ Issue Fee  X A check in the a				: umount of the fee(s) is enclosed.		
A check in the 2				dit card. Form PTO-2038 is attached.		
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-4972 (enclose an extra copy of this form).			
5. Change in Entity Status (		)		19-49/2	(enclose an extra c	opy of this form).
	MALL ENTITY status. See 3		b. Applicant is	no longer claiming SMA	ALL ENTITY status. See 37 C	FR 1.27(g)(2).
NOTE: The Issue Fee and Puinterest as shown by the recon	s requested to apply the Issu iblication Fee (if required) w rds of the United States Pate	e Fee and Publicati ill not be accepted nt and Trademark)	on Fee (if any) or t from anyone other Office.	o re-apply any previous than the applicant; a reg	sly paid issue fee to the applications of the strength of the	ation identified above. ne assignee or other party in
Authorized Signature	Ashert M	Aske			gust 10, 2005	
Typed or printed name Robert M. Asher				Registration No. 30,445		
				in or retain a benefit by is estimated to take 12 individual case. Any c Officer, U.S. Patent and MS TO THIS ADDRES	the public which is to file (an minutes to complete, includir omments on the amount of til I Trademark Office, U.S. Dep. S. SEND TO: Commissioner displays a valid OMB control	